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ORIGINAL COMMUNICATIONS.

Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, M.D., of Albion, Illinois.

A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSAR'S."

(*Continued from last Number.*)

Dr. Thompson refers to one case of amaurosis in Braithwaite's Retrospect, January, 1852:

"The success which has resulted from the exhibition of the oil of turpentine in iritis, induced me to prescribe it, after depletions, in two cases of this form of amaurosis; (amaurosis from inflammation of the retina and internal parts of the eye,) and with satisfactory results in both. In persons far advanced in life, in scrofulous subjects, and in debilitated persons, this oil is certainly a less hazardous medicine than the mercury exhibited so as to effect the system." Copland op. cit., vol. 1, page 6: 1831. We have no experience in the use of the remedy in this disease.

Before we close our observations on the applicability of Turpentine to ophthalmic diseases it may not be altogether irrelevant to place on record a few cases of chronic purulent ophthalmia cured by the direct application of the oil of Turpentine to the inflamed mucous membrane. The cases were particularly obstinate and re-

sisted all our efforts to cure. After the lapse of a few weeks from making our last prescription we met one of the worst cases perfectly cured, and before asking any questions had inwardly rejoiced at the full success of our last remedy; but we were quickly enlighted on the matter by the patient telling us that he had cured himself by the use of Turpentine. "Did it not make your eyes smart badly?" we asked "Smart, why yes--like h--ll--but what of that—in an hour I could open my eyes, and keep them open, and in four or five days were as you now see them." He then told me that the other cases in the neighbourhood were all cured by the same means, and that the man who advised him to use it said that it cured all the cases (*I think*, in Ohio,) that the Drs. could not. Briggs, who translated Scarpa's celebrated work, recommended the application of a few drops of Turpentine to the anurous membrane when the discharge was profuse. We have not tried it and very much question whether the patients would submit to it, if recommended or applied by a Physician; but at the same time, judging from analogy, we should have no doubt of its utility in this class of diseases.

We think, that had Dr. Thompson searched a little more, instead of finding but one author who had recommended turpentine for tænia—he would have had some little difficulty in finding one, who has not advised the use of it, and who has alluded to the subject, at least amongst writers whose works are not over thirty years old. When we commenced the study of medicine, thirty-four years ago, Dr. Thomas (the modern practice of physic,) was the author, whose opinions on medical subjects generally guided the mass of British practitioners, and he refers to it as being *recently* used and recommended in cases of tænia; he is now laid upon the shelf, but every subsequent writer that we know of, alludes to the same remedy for the same worm We well recollect seeing two ounces given to a man suspected of being troubled with a tapeworm in the year 1823 or 1824, in a public institution. The patient first became talkative and merry, and he left the dispensary in a state somewhat similar to intoxication. He returned with a dozen oranges, which he gave to the other apprentice, and on his hesitating to receive them, was immediately knocked down. We had some difficulty in

calming the man, and the next day he stoutly denied having any knowledge of the affray. So far as the worm was concerned, it had no effect, it is possible there was not any there, for the physicians were mere theorists, and appeared to us to care more about experimenting with new remedies than judiciously using old ones. In connection with this subject, we clearly recollect reading somewhere, that turpentine had been used for tænia long before the period that Thomas published his work, but had fallen into disuse, until, some one took it experimentally and dislodged the worm, but the article, probably containing nothing practically useful, is not noticed in our general index, and consequently we cannot refer the reader to it.

Hemorrhage is the next disease alluded to by Dr. Thompson, and one of the most important in the list, and, when it occurs under certain conditions, is, in our opinion, more easily and certainly arrested by turpentine, than by any other remedy, or combination of remedies. Of course, we do not intend to claim for Dr. Copland priority of use as a styptic, but this article on Hemorrhage was published long before Mr. Vincent gave his opinion to the world, and referred to by Dr. Thompson, or Dr. Budd delivered his lecture, published in the *Medical Times* and reprinted, in part, in the *American Journal of Medical Sciencies*, for October, 1850, page 473; but overlooked by Dr. Thompson, and to which we here refer our readers. It is a good article in the main; the opinion of Hunter, Vincent, and the author is given, but no reference to Copland: with the following, however, we cannot agree. "In what are called active hemorrhages, it (turpentine) would not seem to be so suitable a medicine. We must not, however, be hampered by definitions like these in cases where life is threatened. Cases of hemorrhage are cases in which, beyond all others, the nice distinctions of pathology have to give way before the great emergencies of practice." Now it is the recognition of these "nice distinctions of pathology," and *practice based upon them*, that, in many instances, makes one medical man superior to another: and, when these "nice distinctions give way before the great emergencies of practice," practice at once ceases to be scientific, becomes empirical, and not unfrequently injurious. Discarding these "nice dis-

tinctions," there can be little doubt, was the chief reason why turpentine was so little used in the last, and early part of the present century, and had lost that character in this class of diseases it once possessed. And (here we have to differ somewhat from Dr. Copland) if any one expects to find more benefit from turpentine than from other remedies, in the purely active or sthenic forms of hemorrhage, he will be disappointed—or his experience will not be in harmony with ours. It is in the purely *asthenic* kind—where there is not only an atonic state, a loss of vital cohesion of the capillaries and venous conjestion, but also an altered and deteriorated condition of the blood, with diminished vital power and generally increased vascular action, that turpentine will be found not only useful, but in a great majority of cases, the best remedy we can employ. The following quotation is from Copland's article on the pathology of hemorrhage and its treatment without reference to its seat, and first in regard to his opinion on "nice distinctions of pathology." "*Hemorrhages from changes in vital power and vascular action* require the utmost pathological discrimination and practical decision. Upon the opinion that will be formed as to the degrees of augmented action, or of diminished power, or of vascular repletion, or of asthenia, not only will the success of the treatment, but also the life of the patients depend. And amongst the most difficult of the many difficult topics with which the practical physician will have to concern himself, none is more difficult or more important, than to discriminate the pathological conditions just mentioned.

"The *spirit of turpentine* appears to have been employed by the ancients in the treatment of hemorrhages. It was much used, both internally and externally, during the sixteenth century, but had afterwards fallen into disuse. In the year 1817 I employed it internally in these diseases, and have since continued to prescribe it. (See my *Memoir on the use of Terebinthinate Remedies in Disease, London Medical and Physical Journal* for July and August, 1821.) It constringes the capillaries of the part to which it is applied; but, owing to its stimulating action on the nerves, sthenic vascular reaction frequently follows; which, however, soon subsides. When used in large quantity, these effects are propor-

tionately great; and it thereby exerts a powerful derivative influence. When absorbed into the circulation, its astringent effect on the capillaries is also remarkable. Its action varies much with the dose, relatively to the vital energy of the patient. When the dose is large, it reduces the strength and frequency of the heart's action, especially when they are much increased; and hence it is an appropriate remedy in the more active forms of hemorrhage, in as much as, with its constringing action on the capillaries, it weakens the *vis a tergo*. When given in smaller doses, and carried into the blood, it increases the tone and changes or modifies the action of the extreme vessels. From a very extensive experience of this medicine in hemorrhages and other diseases, I may add, that large doses of it should be prescribed with caution, when the powers of life are very much depressed; and that, when a considerable dose of it has been given in such cases, it ought to be carried off by stool. The existence of inflammatory action does not contra-indicate its use, as many have supposed from a misconception of its operation; for it lowers vascular excitement, and prevents effusion and the formation of coagulable lymph, especially when taken in sufficiently large and repeated doses. When the powers of life are much impaired, and after copious evacuations of blood, small and frequent doses of it only ought to be given conjoined with tonics, restoratives etc."

We well remember reading the *Memoir* of Dr. Copland when it came out in the *Journal;* and since that time have used turpentine, and seen it used by others, in every form of asthenic hemorrhage with the happiest effect. In cases of profuse menstruation with anemic countenances and lax fibre, we have given it for a few days before the expected period with invariable success; and these cases are too common from some cause or other in this State. Of course we use chalybeates and tonics at all times, with such other adjuvants as each case may demand. Dr. Thompson makes no allusion to any effect of turpentine on the nervous system, although he must have witnessed it repeatedly. There are few physicians, that have not witnessed the change of countenance that occurs instaneously when the system receives an injury from which it cannot recover, although many of these accidents are trifling so far as

suffering is concerned at least in the beginning, yet the vital powers are aware that irreparable mischief has been done, and the shock is manifest to the most careless observer. We have again and again seen an opposite effect produced on the countenance from the action of turpentine on the nervous system, when it has been appropriately prescribed in extreme cases of disease: and this effect has been produced frequently long before the medicine could possibly be absorbed, and through the circulation reach the disease. The vital powers appear to be aware that the disease can be overcome, that they have received the required assistance from the remedy, and not only the expression of the countenance, but the aspect of the case is immediately changed for the better: and we have observed this rapid improvement more frequently from the exhibition of turpentine than from any other remedy.

(*To be continued.*)

Retrospect of Miasmatic Diseases for a Few Years past, by HIRAM NANCE, M. D., of Lafayette, Ill. Read before the Stark County Medical Society.

I HAVE thought that it might prove interesting to devote a few pages to the subject of our diseases for the last six or seven years, as they occurred also during the past summer and present fall; especially the cases that came immediately under my observation.

It is true, though remarkable, that our diseases in the Western country, so far as my knowledge extends, differ in type every successive year, especially those occurring in the summer and fall, or in other words those of miasmatic origin. I have resided in Stark county for the last seven years, and during that time each successive year has brought something new to the pathologist; why this diversity? I am unable to answer; it seems strange that it should be so when we consider that our country is not peculiarly subject to great vicissitudes during the summer and fall months I have not given meteroology the attention it deserves, in ascertaining the mean temperature for any two or more years, neither have I measured the water that has fallen, nor the bright and beautiful days, or counted the gloomy and cloudy ones. Should this subject be

watched as it deserves, probably something might be elicited in making this subject more clear to us. During the summer and fall of 1845, my first year in this part of the State, Intermittents prevailed extensively. They usually prevailed of a pure, undecided character, the cold stage was well marked, characterized frequently with well marked rigors. When this subsided, the fever came on actively, the pulse was full and strong, tongue heavily coated, epigastric tendency well marked, great thirst, and almost constant headache. This variety of disease prevailed principally during the early part of the season, but cases of this description prevailed occasionally, until the latter parts of November; as they gradually subsided, their places were supplied by the best marked cases of Remittent Fever I ever witnessed. The patients some times would be taken down without any premonitory symptoms. First a chill, and then succeeded by fever. At other times, for a day or two or more, the patient would complain of the usual symptoms that precede the disease under consideration, viz.: aching of the head and bones, slight creeps up the back, loss of appetite, bitter taste in the mouth, usually constipated state of the bowels, and a general feeling of *malaise*. After a part, or all of the foregoing symptoms, the fever came on usually about 9 or 10 o'clock A. M., and continued actively until from 2 to 4 o'clock in the morning, then a distinct remission made its appearance, accompanied sometimes with quite a moist state of the surface, and occasionally the breast and upper extremities were in a pretty free state of perspiration, but always in these cases the pulse remained excited, thirst continued, with headache and other well marked febrile symptoms. But rarely would this abatement or remission remain for more than 8 or 10 hours.

Cases of the description that I have just related, were treated by Prot. Chlo. Hydrarg. combined usually with Pulv. Rhei given as a mild cathartic, or the calomel given and followed in from 4 to 5 hours by seidlitz powder, sul. magnesia or castor oil. When the bowels had been properly evacuated, my patient was placed on nitrous or dover powder, combined with i. or ii. grs. of calomel given every three or four hours, until it was thought prudent to move the bowels; this I attended to at least once a day. If the remis-

sion was sufficient, I gave quinia, but rarely did it seem to accomplish much; and here I would remark, that I have but little confidence in quinia, except in cases where there is almost an entire intermission. Under this treatment, with proper variations, the disease usually gave way from the fourth to the tenth day.

The intermittents were managed easily, a dose of Cook's pills or Cal. and Rhei, followed by 10 or 15 grs.quinia in divided doses usually put a quietus on them. Relapses were not frequent, and when they did occur, sul. quinia was given which, when properly used for fourteen or twenty-one days, the disease but rarely returned. During this season, I saw four or five cases of Congestive Fever, two in my practice died, and two others I thought would, but by the mammoth doses of quinia they were evidently rescued from the jaws of death. Calomel in Congestive Fever of miasmatic origin, is a great medicine, but when compared with the sul. of quinia, it sinks almost into oblivion. In congestive fever, if there is much congestion, I would give quinia in the cold or hot stage, for upon this depends the salvation of our patient.

The year succeeding, which was 1846, was the year known by all who then resided here, as the *sickly year*, and truly it merits this epithet. None of us will ever have it effaced from our memories, neither will those who were then afflicted. The diseases this year were nearly all intermittent, but not well marked, the chill rarely amounted to anything scarcely, sometimes a very slight rigor, at other times coldness of the feet, and occasionally our patients would tell us they had no chilly sensations, yet there would be fever and a distinct *intermission*. These were treated pretty much as the former year. In the month of October, some cases of continued or typhoid fever came on, but they were all mild and gave way under a simple treatment. The next year typhoid came on malignantly, it not only prevailed in Stark county, but it became a general disease of the Western country. This disease had not prevailed extensively (I believe,) in this part of the State at any previous time; though I am informed several deaths occurred from it four or five years before in the prairie south of Lafayette, and some near Wethersfield, in Henry county. Typhoid fever was difficult to

manage this year; and the next year, 1848, many cases died, not only in Stark, but in the adjoining counties of Knox, Peoria, etc. I believe Henry country pretty much escaped these two years. It has existed amongst us ever since, but has not assumed such a malignant type. In '50, also in '51, the type has grown milder, or at least is more successfully managed.

Since '49 there has been quite an important change in the character of our summer and fall diseases; instead of intermittent and remittent fevers, their places have been supplied to a very great extent by diseases, whose pathology is gastro-enteric. Last year dysentery prevailed extensively, not only in my immediate vicinity, and in our county, but throughout a great portion of the Western country. There are but few that differ at all on its pathology, but when we come to its treatment, I find quite a diversity of opinion. Some treat it as a phlegmasia, others rely pretty much entirely upon the salts of morphia or pulv. opii. I take the view that there is portal obstruction, and found my treatment upon this theory, combining my alterative with sul. morphia, and acetat. plumbi, with mild laxatives of pulv. rhei or oleum ricini once a day, or at least once every other day. Under this treatment, with warm fomentations, I have had no cause to reflect upon my past practice, or wish I had adopted a different one.

During the present summer and fall, gastro-enteric diseases have also prevailed in a peculiar form. They have not been simple, but in almost every case they are combined with intermittent fever; consequently our treatment has been of a double character, in order to suit our cases.

Amongst children there are but few that have escaped some derangement of the stomach and bowels, especially those under two years of age. It seemed to matter not whether they were cutting teeth or not. Children usually suffered from one day to one or two weeks with diarrhœa, before I had an opportunity of seeing them, then most usually vomiting had made its appearance, constituting cholera infantum; with this vomiting and purging in almost every case chill and fever were connected. Here was a catalogue of symptoms presenting themselves that required some thought and judgment to adopt a proper pathological treatment.

The stomach was irritable, and of course the diarrhœa could not be arrested until medicine could be borne by the stomach; neither could quinine be taken to arrest the chills; for as soon as taken, the stomach would reject it. My treatment was premised by ¼ or ½ gr. calomel, with a few drops ess. peppermint and loaf sugar, given every half hour, or oftener, if vomited up, until the stomach became quiet. If there was not sufficient calomel taken to move the bowels and change the nature of the stools, I then gave a dose of cal. rhei and magnesia, or withheld the former and gave the latter two. This usually produced an improvement in the state of the stomach and bowels. I then gave quinia, and if diarrhœa continued, my patient was placed on a combination of cal. ipecæ. creta, prep. and acetat. plumbi. This treatment usually carried them through successfully.

In adults the disease differed some: usually the vomiting was absent, but in some cases we found it also present. In nearly all cases that came under my care, I found a miasmatic or intermittent state of the system connected with a diarrhœa, either of the serous or bilious variety. The first case I saw, was a lady of some 35 years, it made its appearance as an ordinary intermittent, but bilious diarrhœa soon came on. The case puzzled and perplexed me very much. I gave quinine, preceded by an alterative for the fever, but this wouldn't cure diarrhœa, then I would give medicine for the latter, and the chills would return: at this time I found my patient's stomach so irritable, that it was almost impossible for her to retain a febrifuge; I resolved then to stop giving medicine, except something of a mucilaginous character, this I continued for a day or two, and at this period my patient's stomach grew so quiet, that small quantities of medicine could be borne. Turpentine, acetat. plumbi, and all the usual vegetable astringents were rejected even in the smallest doses. I combatted this diarrhœa by small doses of *hydr. cum creta*, and mucilage of gum acacia, with an epispastic applied on the epigastric region; an occasional opiate enema was administered to quiet pain and produce sleep.

Ordinary cases of diarrhœa and intermittent fever, I treated with a powder composed of cal. grs. i. or ii., sul. morphia grs. ¼ to

½, and acetat. plumbi grs. 3 to 5; at the same time my patient was under treatment for diarrhœa I gave quinine sometimes, instead of the above powder; if the system was not bilious, I gave spts. turpentine and laudanum. When the diarrhœa was controlled, I thought it prudent not to move the bowels for three or four days, unless pain or febrile symptoms made their appearance.

A case of Onanism in a boy seven years old. By A. GARWOOD, M. D.

THE following case of onanism is so unusual and remarkable, at least so far as my experience and information extends, that I thought it might prove interesting to the readers of your journal.

The patient was a boy, I took out of the county poor house, to live with me and had him bound by the superintendents of the county poor, till he was twenty-one years of age.

He was seven years old, very fair complexion, light hair, black eyes, a slender delicate frame, and apparently an innocent, sprightly and interesting child.

I did not suspect him of being a masturbate, till I caught him in the act of self pollution. I then learned from him that he was taught the loathsome practice at school when but four years of age; and that the habit had become confirmed and had been growing upon him ever since. I punished him at the time, and gave him a lecture on the consequences of the habit if continued. Told him that it would injure his health and mind, that it would make him a weakly, foolish, good for nothing boy, that other children would not be allowed to play with him, and that I would take him back to the Poor House. He seemed very penitent and promised reformation.

Never having had much experience in such cases, I thought the means I had used might possibly cause him to discontinue the filthy practice. But I soon learned that he did not quit it for a single day or night. He commenced living with me in the summer, and the habit grew upon him during the fall and winter rapidly, as was evident from the stains on his linen, from his general appearance, and from his own confession. When he found, that he

could not conceal the fact from me any longer, he became very bold about it, and seemed to loose all shame and delicacy of feeling on the subject. He stated that he never missed a night but that he indulged in it two or three times, that he engaged in it at the privy, that when he went to school, instead of playing with the other boys, he would sneak off by himself to practice it, and whenever he could get off by himself at any time or place, he was at it. He now declared that he could not, and would not quit it, because "he was so used to it." I could not extort a promise from him to quit it, and he concluded that he would rather go back to the Poor House, than to leave off the practice. The symptoms at this time were emaciation, inactivity, did not want to play, but would set for hours listless and heedless of what was going on—his mind seemed more dull about everything, except the gratification of his passion, for which in seeking opportunities he showed great acuteness and deception. He was very stiff in his limbs and back, so that it required quite an effort for him to exercise. There was a dark areola beneath the eyes. He could not look a person in the face, had an excellent appetite, ate hearty, and craved the heartiest kind of food—not having missed a meal during the seven months he lived with me. When kept from it through the day by close watching, he became almost frantic, he would thrust his finger in his nostril, often making it bleed, would rub between the fingers of one hand with the fore-fingers of the other, and seemed to be perfectly on nettles, as though he could hardly endure it.

But the most prominent and disgusting symptom of all was incontinence of urine. He lost the control of the sphincter of the bladder, to such an extent, that immediately after indulging, he had to urinate several times, and often kept his clothes saturated half the time, in consequence of being unable to retain his urine, till he could get to a proper place to evacuate. He has a great many times wet his pants at the table, and often had to leave it in the middle of a meal to run to the privy, and very often failed to get there in time.

Treat.—After using every moral means in my power, I tried cold bathing, restricting his diet to plain unstimulating food, whipping him as hard as I dared to without injuring the child, blistered his

penis till it was all over raw, and as a *dernier resort* tied his hands. All these efforts were entirely abortive; whilst his penis was raw, he indulged as much as ever, and did not seem to regard the soreness. And when his hands were tied, he would bring on a seminal discharge by friction against his clothes, between his thighs, or between his abdomen and bed clothes, and at last he obtained such command over the abdominal, perineal and glutial muscles, in connection with the force of imagination, that he could produce a discharge sitting on a chair in my presence when there was no motion perceptible. The desire of self gratification appeared to be constantly in his mind, and I am convinced that he would forgo any and everything else, even death itself, before he would quit the practice. Giving up all hopes of effecting a cure, and his presence becoming so disgusting and repulsive, I laid the case before the superintendents of the county and the board of supervisors, accompanied with the request, that they would destroy the indentures, and receive him again as a pauper, which they did accordingly.

What's to be done with such a case? Would it be justifiable to emasculate under such circumstances? If that did unman him, it might prevent him teaching others the same trick, (for he says he has made a business of teaching others whenever he had an opportunity.)

The above case should teach parents and guardians, to exercise a watchful care over those under their charge, in reference to this loathsome habit, and also the almost unpardonable nature of the crime of older persons teaching the younger or uninitiated this vile practice.

Cassapolis, January 15th, 1854.

On the Medial properties of Nitrate of Soda. By J. B. Brown, M. D.

This article which in many works on Materia Medica is not even mentioned, seems to be possessed of qualities too valuable to be entirely passed over, or as is done in some books, merely quoted for the purpose of calling its name. As I have made use of this drug

with much success in my own practice during the last two years in this country, I deem it a duty to communicate the results to our profession.

The first notice of the physiological action of this salt I found in a medical journal for 1843, in which Dr. Zimmermann published the results of his experiments, it is as follows:

"Nitrate of Soda dissolves the protein element of the blood much less than Nitrate of Potassa, coagulated fibrin being but very little or rather not at all influenced by it, while at the same time it contracts the blood corpuscles much more firmly even to shriveling, and renders the serum redder and richer in hæmatin."

Rademacher, a Physician of Vienna, was probably the first who used this article to any very great extent as a therapeutical agent. As he attributes to it the most extraordinary properties in different diseases, claiming it as a universal remedy and recommending it in the most heterogeneous affections without stating any particular indications for its use, I was induced two years since to make some experiments myself for the purpose of ascertaining whether the medicine possessed the value which its friends had claimed for it. Rademacher thinks that it is more useful in gastric fevers than Nit. Potassæ, which as an active solvent of fibrine, causes a more rapid putrescence, and which in cases where the a priori zymotie tendency is evidently contra-indicated, whilst the Nit. Soda although it restrains the pseudoplastic process, does not produce any excessive evacuations.

When given as a gentle laxative this salt is easily borne, but when given in large quantities it produces fluid passages with tenesmus. Nevertheless according to my experience with this remedy in the prevailing diseases of this country such as irritation of the mucous membrane of the intestines and especially in acute or chronic dysentery, its value can scarcely be surpassed by any other agent of our materia medica. No remedy has so rapidly succeeded with me in restoring natural passages and relieving the extense suffering in the worst forms of this annual complaint, as Nitrate of Soda. Most of my cases, I had to treat only four or five days, when all the symptoms under the influence of this specific, if I may use this term, disappeared entirely. Other cases,

in which a cure was not so speedily brought about, were comparatively rare, and I found this fact generally owing to a fault of diet or some other unfavourable circumstance of the patient. Nevertheless I have been so fortunate, as never to treat any case of dysentery longer than at most for a fortnight, whilst out of 6 cases I generally restored 5 of them to health, within the above mentioned limited space of a few days. It is not my purpose to enter into a detail of the treatment of this disease, but I will confine myself here to a single remark, that of all the remedies in use against it, there is no one existing, to my knowledge, safer, quicker and more innocent in its agency, than the one under consideration.

The formula I usully employ is this:

℞	Ol. Amygdal. dulc.	℥iv to vj
	Gum. Mimos.	℥ij to iij
	Aq. distillat.	℥jv to vj
	Fiat lege artis emulsio, cui adde	
	Sodæ Nitratis	} aa
	Aquæ lauro-Cerasi	} ℥ss
	Syr. Simp.	℥j

M. S.—A table-spoonful to be taken every one to two hours, after having been well shaken.

For chidren I prescribe the half or only third part of the quantity, and I found it an excellent means for overcoming in their different forms diarrhœa and dysentery, at least for the purpose of diminishing the irritability of the bowels, after which other remedies, according to the indications of the case, might be made use of.

After the evacuations have become normal, the medicine is to be continued for one or two days, on account of a great liability to relapse, which not unfrequently may very disagreeably surprise both the patient and physician. But this disposition is owing to the disease itself, as every practitioner will agree, and not to the specific effect of Nitrate of Soda. In some cases of the most severe characters I ordered the addition of a few grains of the Extract of Opium to the former mixture, in order to allay more rapidly the extremely painful tenesmus and the nervous excitement in general. I prefer the extract to the opium in substance, because it has a

milder effect, quieting the system more and not producing that peculiar venous orgasmus, which opium itself does. But I must remark here that even this milder preparation of opium ought never to be used for several days in succession for reasons I can not now explain, being beyond the limits of my present purpose. One of my patients, who suffered in a dreadful manner, after taking a mixture of brandy with pepper, in order to stop the whole matter at once, as he thought, had to take the above described portion four times one after the other; within 7 days he was perfectly restored.

I have been now in more than a hundred cases of dysentery so successful, as to restore my patients within the period of from 4 to 14 days at most, under the principal influence of Nitrate of Soda, never using a single grain of calomel, which I avoid for fear of salivation and of its consequence, these being often as bad a complaint as the former, or even still worse, I would therefore recommend this salt as a very powerful and innocent substitute for calomel in all the different forms of dysenteric or congestive diarrhœa and dysentery.

I would mention, en passant, that tonics or astringents are to be employed, whenever, after the disappearance of the characteristic mucous discharges, a tendency to a diarrhœa from atony manifests isself, either spontaneously or in consequence of an improper diet.

The Sanatary Characteristics of Chicago, 1853. Being a Report read to the Cook Co. Medical Society, Feb. 7th, 1854. By N. S. DAVIS, M.D., &c. &c.

FEW things would contribute more to the real advancement of practical medicine, than a careful and accurately kept record of diseases and their peculiarities in connection with the meteorological and climatic features of each season. That all diseases are susceptible of changes in their specific character, tendencies, and results, is fully proved by the recorded experience of the past. This is true of diseases, not only in reference to their prevalence in different locations and different climates, but also in reference to their prevalence in the same place at different seasons and periods of time. It has been often and justly remarked, that these variations in the character of diseases in different places, and in the same place at different times, have led to much of the seeming contradictory experience detailed by different writers, and the consequent confusion of opinions in relation to the indications for treatment and the value of remedial agents.—That variations in the special character of any given disease, are produced in isoluted or individual cases, by circumstances of a strictly local or artificial nature there can be no doubt. To this class of circumstances belong peculiarities of temperament, habits of life, imperfect ventilation, unwholesome food, &c. But beyond all these, we see in the same place, with no *visible* change either in the habits of the people or the physicial condition of the place itself, the prevalence of severe and fatal diseases during one season, and their entire absence another, constituting epidemics of irregular appearance, and also decided differences in the number and severity of ordinary sporadic attacks. Thus in this city since the summer of 1849, we have seen epidemic Cholera re-appear with each returning summer until that of 1853, when it was almost, if not entirely, absent. Yet during the latter season there existed *apparently* the same causes and physical circumstances as during each of the preceding years.—No material change had been made in the habits of our citizens, the cleanliness and drainage of our streets, or any of the sanatary regulations of our city.—Still, unless we are prepared to admit that sickness and pestilence are sent by an arbitrary and direct act.

of an over-ruling Providence, we must suppose that every effect has its cause; and consequently every change in the former is preceded by a corresponding change in the latter. That variations in the character of ordinary diseases, and the occurrence of irregular epidemics, are dependent on changes in the more occult or invisible elements of the atmosphere, such as its temperature, moisture, and electricity, has long been the opinion of medical men in every part of the world. But even up to the present time no adequate means have been devised for keeping a reliable note of the condition of all these elements in direct connection with the prevalence and character of diseases, through successive years in the same place, or in places remote from each other during the same year.—The partial attempts which have hitherto been made to effect this object have included scarcely more than a record of the *temperature*, leaving the equally important elements of moisture and electricity either wholly unnoted, or so imperfectly as to render the results of no value.—Indeed, until a very recent period, the instruments necessary for measuring the moisture of the atmosphere at short and regular intervals of time, have been too imperfect for practical use. Recently, however, it has been found that the actual *humidity* of the atmosphere can be more readily and accurately ascertained by the Wet-bulb Thermometer, than by the various Hygrometrical and Dew-point instruments previously in use.—I think we may reasonably expect that the adoption of this simple instrument, will soon give us as reliable a record of atmosphere humidity as we now have of temperature; and as the electrical condition is doubtless dependent more or less directly on those of temperature and humidity, we shall have a much more complete knowledge of all the elements that enter into the climat features of different seasonsic and localities. Previous to the comencement of 1853, the Smithsonian Institute had placed in the hands of instructed and competent agents (uniform instruments,) located in so many sections of the country as to afford a good index for the whole, and required of them quarterly or monthly returns. The first published results of these returns that have come under my observation, are contained in an article in the November No. of the New York *Journal of Medicine*, by Lorin Blodget,

who has charge of the Meteorological Department of the Institute. And I cannot better convey an idea of the importance and practical bearing of these records, than by quoting the results in regard to the last preceding summer months in his own language, as follows, viz :—

"The summer of 1853 has been extraordinary in its climatic conditions, and the extremes of temperature and humidity were much more striking and clearly defined than usual. The relation which these conditions may have to the general sanatary character of a month or season, may therefore be analyzed under unusually favorable circumstances, if our observation are sufficient to define them with precision. The purpose of this paper is to present them in the proper grouping and contrasts, and this process will serve as a general test of their accuracy, and apply them to their most important purpose at the same time.

Some of the more disastrous periods of mortality of the summer have been attributed directly to extreme temperature, while the attendant condition of humidity has scarcely been recognized as influencing results. Violent epidemics, and even contagious diseases, may have been initiated by some maximum of these conditions, and the subsequent propagation and continuation may be due to other causes more difficult to decide upon. Without assuming entire dependence upon the conditions of climate we now measure for epidemics of the more violent character, it is still a point gained of unusual importance when numerical values may be given to humidity as well as temperature. With these the statistics of disease and mortality may ultimately undergo thorough comparison and examination, and to that research the greatest and final results will belong.

The climatic research conducted by the Smithsonian Institution now embraces every climatic district of the country. The full registers, including with the more common observation the difficult one of the temperature of evaporation, from which is deduced the relative humidity, number about thirty, which are immediately returned at the close of an observed month. There are others in the New York and Military System, accessible at a latter period; but the first suffice to determine every important district in this respect. Correct temperature observations for the open air are reported in the same prompt manner from about two hundred stations, of which about fifty measure carefully the amount of precipitation

From these data the present exhibit is prepared. It will present, first, the several periods of excessive heat in the three summer months of the present year, and the comparison of various districts during those periods.

Second, the periods of excessive humidity, and of unusual amount of precipitation; and the relation of these in time and place to the division of excessive variations of temperature.

It also marks extremes of absence of humidity, and of cold, which are less important as santaary conditions standing alone, though the low humidity apparently occurs generally as very important modification of the injurious character of a period of excessive heat.

The first general high temperature of the season occured on the 3d to the 5th of June, extending from Montreal to Florida, but this did not occur at the West generally. At the South it was a day later than in New York, and its maximum at the North, from Montreal to New York, 83°, and from Chapel Hill, N. C., to Savannah, Ga., 92°. The period was so short that no general consequence would probably attach to it, however, and the amount of humidity was not unusual.

From the 14th to the 18th, the heat was excessive and general. At the extreme West, in Minnesota, Iowa and Wisconsin, it occurred on the 12th and 13th; the atmosphere affected passing eastward across the continent as a well-defined body, according to what seems a law of all dynamic or inconstant climatic phenomena. It did not extend beyond Camden, S. C., southward, and attained a higher point at the West than elsewhere, of 90° to 94° in Ohio, Kentucky, and westward in the same latitudes. Succeeding this, a general excess of temperature occurred from the 20th to the 23d, less than the preceding in the extreme North, and with a considerable fall there on the 22d, but quite unusual and long-continued at almost every other part of the country. The maxima varied from the 20th to 23d, and ranged from 90° to 97°. With the slight allowance for excess, which usually should be made in the readings at these extreme points, the maximum of 95° was probably general, from New York to Savannah, on the 23d, and the same degree the day previous in Ohio and Michigan In Tennessee and southwestward, the same point was reached on the 20th; in Mississippi and Texas still one day earlier.

Lastly, a most extraordinary extreme of heat occurred on the 27th and 30th; In this case, as before, beginning earliest at the West by a day and a half for the distance from St. Louis to Washington. This extreme was central in the latitude of Washington, and was limited at Savannah on the South, and Burlington, Vt., on the North. It attained 96° to 98° in Tennessee, Kentucky, and Southern Ohio, and 99.5° to 102° at Washington and in Eastern Virginia and N. Carolina. This is without any known parallel in the records of temperature here, and is several degrees above any recorded temperatures at New Orleans, Mobile, or Savannah.

The general temperature of July was also high, and slightly above the normal mean in most parts of the United States. The mean of June was much above the normal, one, attaining a maximum of excess in Wisconsin and Illinois of nine degrees. It was there 4.5° above the mean for July,—this excess being less at the East, where the two months were nearly equal, and June 5° above the normal mean.

The excessive heat of the last days of June was prolonged through the 1st and 2d of July at 94° in Virginia and at the South, and the range was generally high at Philadelphia and South until the 10th, when it was again at 92° to 84°. North of latitude 40° there were no great heats in this month, and the temperature was quite uniform throughout. The temperature was at or above 90, after the middle of the month, only in Central Georgia and Alabama, and westward in this latitude to Texas, for two or three days about the 20th, and again at the close of the month.

In August, a period of general excessive heat occurred, beginning, as usual, earlier at the West, and reaching 90° at Lac-qui-parle, on the St. Peter's River, Minnesota, (lat. 45°, long. 96°,) on the 7th and 8th. The maximum in Illinois and the adjacent States was 90° to 94° from the 8th to the 13th, in Ohio and Kentucky nearly the same; and, passing eastward a little later through Pennsylvania, the district of greatest excess was central at New York from the 12th to the 14th.

The temperature was below 80° at Cedar Keys, Talahassee, and Pensacola, Fla., through these days, and at no place South reached 90°. Later in the month, from the 25th to the 31st, the heat was unusually great in the Southwest,—Texas, the Cherokee Territory, and Mississippi,—with an extraordinary reverse in Iowa and the adjoining States. Frosts occurred in all the States West and North of Ohio at some day from the 25th to 28th inclusive; and in some parts of Iowa, Wisconsin, and Michigan, there were two or three in succession, and great injury was done to vegetation. At Lac-qui-parle, Minnesota, 3° farther north, and nearly a thousand feet higher, there was one very slight frost on the 27th.

These extraordinary conditions of temperature become more important when connected with the accompanying conditions of humidity. As general comparisons of this last condition have hardly been possible heretofore, the present summer cannot be compared with previous years, except in one or two extremes of its sanatary effect.

The observations of humidity are, however, believed to be of the very best character. The temparature of the *natural evaporation* has been taken under uniform directions, and with uniform instru-

ments. The actual *evaporating effect* of the air at the time, as the measure of its true evaporating power in a climatic sense, and such as could affect animal life and the growth of vegetation, has been sought in the directions given, and in the practice of the observers.

From such observations the fraction of saturation, or the percentage of humidity existing in the air at the time, has been deduced by Regnault's formulas, first determined theoretically from the latent and specific heat of air and aqueous vapor, and subsequently modified in the numerical elements to conform to the results derived from actual experiment.

These results are arranged in a tabular form for greater convenience of comparison. The "relative humidity" is the percentage of moisture which the air at the time contains. 100 being full saturation. The absorbent power of the air in highly heated periods is directly as this decrease of the degree of saturation, and is the most precise measure possible of the sanatary condition which is peculiarly climatic, and not dependent on miasmatic or other secondary causes.

A brief reference to the prominent points in this comparison may assist the examination. It may be stated that the fractions of saturation are much more variable in cold than in warm climates at all temperatures. The mean summer saturation at New-Orleans, by the valuable observations of Dr. Barton,* is .857, and the mean saturation for the year .811. The degree here is quite constant through successive years for the different seasons, and has its maximum in summer. The maximum in the northern portion of the United States is also in summer, but the mean is something more then one-tenth of saturation less than that at New Orleans.

The fractions given in the tabular statements used for the present general comparisons are from one observation only for the day, that at 2 P. M.; which is very near the hour for maximum temperature also. It would be equally important to give the mean of the day, but as the labor would be very much increased, the single hour of extreme range of the several conditions, giving the most striking contrasts, has been thought sufficient for the present purpose.

The heats of June are seen at once to have been remarkably dry. The fraction of saturation was at a mean of about 50 in the Northeast, and but 40 to 45 in the interior and in Texas, during the hot days from the 14th to the 17th, though much higher at Pensacola and the extreme South, where the heat was not so great.

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* *Report to the La. State Med. Soc., on the Meteorology, Vital Statistics, and Hygiene of Louisiana.* By Dr. E. H. Barton, 1851. The amounts here given are a summary from observations at sunrise, midday and 9 P. M., for eight years.

At the 20th to the 23d, the rate was about the same in the districts of excessive heat. On the 29th and 30th, the percentage was but 35 to 40 in the narrow district through Tennessee, Kentucky, and Virginia, which marked 100° as the maximum temperature. The coincidence of absence of humidity with this unequalled temperature was fortunate. The usual saturation with this degree of heat would have been extremely destructive to health and life.

The first two days of July were a continuation of the conditions of the last of June. The remainder of the month was not unusual in its hygrometric character generally, though at New-Orleans, where, unfortunately, we have no observations after May, the evidences of high saturation are given in the profuse and constant rains of the middle of the day, preceded by a hot and oppressive morning. This weather was reported as quite uniform for the first and most fearfully fatal month of the yellow fever. The approach to a tropical character in the midsummer saturation and daily rains, at New-Orleans, is more or less distincly marked in different years at all times, but the present summer seems to have attained a maximum in this respect, and to have given in this way terrible effect to the epidemic, when once induced, in whatever manner that may have been. It is hoped that careful observations of the humidity of the yellow-fever period of the present summer there, have been made. The Gulf Coast in Texas and Florida does not properly represent the humidity or other climatic peculiarities of New-Orleans, nor does any place in the interior from which we have observations.

The great heat of August was most remarkable in its hygrometric condition also, and universally attended with a high fraction of saturation. At Washington it was 55 to 50, and at New York near 70 per cent. at 2 P. M., and almost at saturation morning and evening. Though the temperature of the air was but 90° to 94°, or 6° less than that of the last of June in Washington and Richmond, where no fatal effects were felt, the mortality from the effect of great heat with great saturation was frightful. By reference to the tabular statement it may be seen that the absolute degree of heat could not have caused the fatality alone, or without the attendant humidity. Some term more specific or more comprehensive than *sun-str oke* seems therefore required to designate the fatal congestion, or whatever may be the immediate cause of death, in these cases.

Another and perhaps clearer point for comparison is the *temperature of evaporation*, or that of the wet-bulb thermometer alone. The dew-point has usually been obtained for such comparisons, but it is far less easy to obtain without error; and, as it is itself no

absolute determination, but an intermediate point only, it is quite generally discontinued.

The temperature of evaporation at New York, at the time of greatest mortality in August, was from 80° to 84°, being higher than the maximum temperature of evaporation at New-Orleans at any time in 1852 by two degrees. At the latter place it reached 82° but once in that year. At Austin, Texas, for the last August, the same maximum was 78°; at Savannah, Ga., 79°; at Camden, S. C., Culloden, Ga., and Washington, 77°. Jacksonville, Fla., and Eutaw, in Central Alabama, were the only places at the South giving a temperature of evaporation of 84°, or as high as that at New York on the 13th and 14th of August.

With such conditions of temperature and saturation, in a nominally elastic and cool climate, it is not wonderful that the mortality from its immediate effect should have been very great. It is more remarkable that some incipient epidemic was not started in full vigor to rage after the principal inducing cause had passed away. With the exceptions of New-Orleans, and New-York at this limited period, the heats of the summer, though extreme, have been attended with a low humidity, and have been unusually favorable in this respect.

From this lengthy extract it will be seen, that the three summer months of 1853 were considerably above the mean temperature of the same months for a series of years. This was more particularly true of the months of June and August; both being throughout the North-west, from 3° to 5° above the usual standard. But fortunately in the same section of country, both months were attended by a low degree of *humidity*. The unusual dryness of the atmosphere was general over the whole Union during the high temperature in June, but not so in August.

During the excessive heat in the latter month, the *humidity* at New York, and along most of the Atlantic and Gulf coast, was very high, approximating closely the point of saturation, while in the North-west it still remained low. During the rest of the year I have no other date in reference to the climatic features, than such general facts as were noted in my own memorandum book. These, however, will be alluded to in direct connection with a brief account of the diseases of the past year, to which I will now call your attention. The first half of January, 1853, was warm and wet; the roads much of the time being sloppy; but the last half was cold and dry, the mercury in the barometer often standing at 30 inches.

Early in this month I noticed the frequent occurrence, especially among children, of an eruptive influenza or miliary fever, so closely resembling scarlatina in some respects as to have been very generally confounded with that disease. Its onset was generally characterized by a quick pulse, hot skin, restlessness, thirst, pains in the head, back and limbs, and soreness of the fauces and pharynx, with more or less swelling of the glands behind the angle of the jaw. So far the cases closely resembled scarlatina. But the eruption was more decidedly papular, and the redness of the skin less diffused than in the latter disease; and the eruption was also extremely irregular in regard to the time of its appearance. In some cases the appearance of the eruption was among the first symptoms of ill-health, while in a larger number it did not appear until the 4th, 5th, 6th, and even 7th day after the commencement of the fever. The disease generally ran its course in from one to two weeks, leaving considerable debility and sometimes a tedious convalescence. The mildest cases required no other treatment than a restricted diet rest, and the avoidance of all exposure. The more severe cases were promptly moderated in their violence by the exhibition of a powder composed of sub. murias hydrarg. from one to two grains, and pulv. doveri from two to five grains, given every three or four hours, until five or six doses had been taken, and then followed by a laxative of castor oil, or rhubarb and soda. If the urinary secretion was very scanty, half a tea-spoonful of spts. nit. dulc. was given between each of the powders; and if much swelling of the glands of the neck or soreness of the throat existed, cloths were applied wet in infusion of hops or aconite leaves. After the foregoing treatment, it was generally sufficient to give the patient from half a drachm to a drachm of the following mixiture from three to six times in the twenty-four hours—viz:

℞ Hive Syrup—℥ij.
Tinct. Belladona—℥j.
Spts. Nit. Dulc.—℥jss M.

and convalescence would ensue in a few days. The disease did not bear active evacuating remedies without injury. The only cases I saw that resulted in great debility or protracted swelling of the cervical glands, or were followed by symptoms of acute drop-

sy, had been actively purged, or vomited, or both in the early stage of the disease. I saw only two or three cases during the month, that presented the full characteristics of scarlatina. The disease before alluded to, continued to prevail moderately during the month of February, and the fore part of March. The whole number of cases was such as to entitle it to the appellation of a mild epidemic. The months of March, April, and May were as usual changeable and wet. But they were not marked by the prevalence of any special diseases, though the occurrence of chronic and relapsing intermittents were more frequent than at the corresponding period of the three previous years. During the last half of March, my notes show the occurrence of several attacks of cholera morbus, two of which put on all the characteristic symptoms of sposmodic cholera, viz.: Rice-water discharges from the stomach and bowels, cramps in the lower extremities and abdomen, corrugated and purple skin, husky voice, sunken eyes and feeble pulse, etc. Both however recovered. Several of the milder cases were disposed to put on the form of dysintery after the first three or four days, accompanied by fever and tenesmus. These attacks become less frequent during the first half of April, and in their place I met with several cases of Remittent Fever, three of which assumed a highly pernicious or congestive form. The last half of April, and the whole of May were attended by no special prevalence of disease. Rains were frequent, and during the first half of May the surface soil was thoroughly saturated with fresh water, and the atmosphere was cool. The latter quality continued with but little rain until the first week in June. From that time to the first of September, the peculiarities of the weather have been accurately detailed in the quotation already given. Notwithstanding the unusual high temperature of June, no severe sickness was developed in this city or throughout the country generally. Sporadic cases of dysentery, typhoid fever, and occasional cases of intermittent and remittent fevers were met with during that month, and still more frequently during the months of July and August. Nothing unusual was noticed in reference to the fevers. They were generally mild and readily controlled by proper treatment. The dysenteries presented generally a quicker and sharper pulse,

more heat of skin, more tenesmus, and discharges composed more of glairy mucus streaked with blood in the first stage, and more mixed with whitish flakes and purulent matter at a latter period, than during the three preceding summers. In other words, the symptoms of local inflammation were more acute or *stenic* in their character, and consequently would not tolerate us early a resort to astringents and tonics. During the last half of August and whole of September, more than double the number of intermittents and remittents were met with, than during the same months of 1850, '51 and '52, when epidemic cholera was prevalent in the city. From what we have learned, the same remark is applicable to the North-west generally.

The contrast, however, is not owing to an unusual prevalence of periodical fevers during the past summer and autumn, but to their unusual absence during the three preceding seasons when cholera was prevalent, and in many places epidemic. Several cases occurred at the foot of South-water street, directly on the Lake shore, a location generally entirely exempt. This was doubtless owing to the recent filling up of a pier projecting into the Lake, and preventing the usual washing of the waves on the beach. And it may well lead to a fear, that the present break-water of the railroad may materially deteriorate the healthiness of the whole Lake shore along the south division of the city. During the summer months, six or seven cases of cholera occurred under my own observation, but entirely disconnected from each other. Two of these were admitted into the Mercy Hospital. Of the whole number two died in a state of collapse, one preceded a few hours by hemorrhage from the bowels. Three others assumed the form of protracted dysentery after reaction was established, but they ultimately recovered. The disease at no period manifested a disposition to spread or assume an epidemic form. The month of October was dry, pleasant and healthy. The last half of November, and nearly all of December, were warm and wet, with the atmosphere almost constantly saturated with moisture. During this time diarrhœas, dysenteries, relapsing agues, and typhoid fevers became decidedly more prevalent; but they were generally mild in character and consequently added but little to the general ratio of mortality.

From the 20th of November to the end of the year, I met with one form of disease, so often that, I think it justly entitled to the name of epidemic. And from its rare appearance as a prevalent disease, it merits a more particular notice. Its most striking feature was a deep yellow, or jaundiced hue of the whole cutaneous surface, extending to the conjunctiva, and also to the mucous membrane lining the mouth. An account of the occasional prevalence of jaundice in an epidemic form may be found in the literary records of our profession; but such occurrences have been rare. The disease to which I have alluded as prevailing during the last six weeks of the past year, was generally characterized by the following symptoms, viz:—an impaired appetite; an unpleasant, often bitter taste in the mouth; a lassitude or feeling of indisposition with dulness or drowsiness; an unusual sense of distension in the epigastrium after taking food; skin drier than natural; bowels sometimes slightly relaxed, but more frequently moderately constipated; and the conjunctiva moderately yellow. These symptoms would appear very slight at first, and gradually increase, until at the end of ten days, or two weeks, when the skin and eyes would generally appear deeply yellow; the urine scanty and high colored; the tongue covered with a yellowish white fur; the pulse slightly quickened; the skin dry and warmer than natural; the appetite and digestion more decidedly deranged; the mental dulness greater; with a constant feeling of uneasiness or dull pain or sense of fulness in the epegastric and right hypochondriac regions; and obscure tenderness to pressure directly over the commencement of the duodenum.

In many cases the pressure over the epegestrium or beneath the cartilaginous margin of the ribs of the right side, would induce, not only tenderness, but also an immediate feeling of sickness or nausea. The fecal evacuations were generally consistent and clay colored, though in some instances they were liquid and sudsy, or of a dirty white color. In every instance that I examined they were deficient in the coloring matter of the bile, while the urine, the cutaneous exhalation, and the saliva were deeply tinged with the same ingredient. Occasionally, in addition to the mental dulness or drowsiness, slight wandering of thoughts or passive delirium was observed, especially at night. If not actively interfered

with by medical treatment, the foregoing symptoms would continue from two to three weeks, when the epegastric uneasiness would subside, the appetite improve, the pulse return to its natural condition, the urine become more abundant, the intellect brighter, and the patient gradually resume his accustomed feelings of health, but often leaving the skin and eyes very yellow for several weeks. Such were the phenomena presented by the great majority of cases. But in some cases the symptoms of either general or local disturbance were exceedingly slight; the cases presenting very few *positive* symptoms except the deeply jaundiced hue of the skin. In a still smaller number of cases both the local and general symptoms were more severe. The epegastric tenderness and pain were more marked, the pulse quicker, the skin drier, and a deeper or more *bronzed* color, and a great part of all the food and drink taken would be rejected by vomiting in one or two hours after it was swallowed. In such, there was a feeling of great prostration, so much so as to keep the patients in bed for several days. Out of about sixty cases that occurred in my own practice, only one proved fatal. Concerning this last, I find the following notes recorded at the time.

November 28th, called to see Mrs. S., an American woman, aged thirty years, the mother of several children, and now about 4 months advanced in pregnancy. Says she has been sick three or four days with moderate diarrhœa, and ocasional vomiting. At present her skin and eyes are quite yellow; her tongue covered with a yellowish white fur; pulse 110 per minute, and soft; skin warmer than natural; urine scanty and high colored; intellect dull, and yet the patient sleepless and restless, with much thirst, burning in the stomach, no appetite, and the fecal discharges liquid and clay colored. The epigastric region was also slightly distended, tender to pressure and tympanitic. She was directed a powder composed of the sub. murias hydrarg. 2 grs. and sulph. morphine ½ gr., every three hours, and a large mustard sinapism to to the epegastrium.

29th. The bowels had remained quiet since yesterday, but the paroxysms of vomiting had been more frequent. Directed a solution of sulph. morphine and soda, to be given in small doses and

at short intervals, to quiet the stomach; and also fomentations to be applied to the abdomen.

30th. Vomiting less frequent; no evacuations from the bowels; pulse 130 per minute, full but soft; expression of countenance anxious with extreme restlessness, the patient to use her own language, feeling *as though she must fly:* abdomen moderately tympanitic; no secretion of urine; skin dry and very yellow. Directed a powder of calomel 10 grs., and Bi Carb. Soda 5 grs., to be given at once and followed in two hours by enemas of warm water and salt to move the bowels.

Dec. 1st. No improvement; no operation on the bowels; no urine; skin a deep bronzed yellow color, hotter then natural and dry; the ejections from the stomach mostly mucous and grass-green color; pulse 150 per minute and soft, mind dull, but great restlessness and thirst; abdomen distended, but bladder empty. Directed 10 grs. of calomel to be given in half an ounce of castor oil, to be followed by an enema of castor oil and oil of turpentine. Before the latter was administered, however, labor pains suddenly came on, and in a few minutes expelled a three months fœtus, which was followed by very moderate flowing, but all entirely without the consciousness of the patient. During the six hours following the labor the patient was more quiet; pulse less frequent but feeble; vomited but little; had two thin fecal discharges nearly destitute of any appearance of bile; discharges also a very small quantity of urine; but mind remained dull, approaching a comatose state. Directed powders of calomel, camphor and quinia in moderate doses.

Dec. 2d., 8 o'clock A. M. Patient more comatose; pulse 160 per minute, small and feeble; skin a shining bronze color, with an appearance of bloating all over; no further discharges either from the kidneys or bowels, but the frequent ejection of large quantities of a black or dark brown liquid, much like coffee grounds. Directed Chloride of Sodium in doses of one cruple every two hours, and 30 drops of oil of turpentine in the form of an emulsion between each dose of the salt.

In about three hours she passed a pint of reddish yellow urine, and soon after had two or three involuntary discharges from the

bowels, looking much like that ejected from the stomach. From this time the vomiting ceased, but she died completely comatose during the following night.—No post-mortem examination could be obtained.—This case certainly presented some of the more importat features of genuine Yellow Fever. But from the manner of the attack, the early appearance of Jaundice, &c., I have no hesitation in regarding as simply a more severe form of the same epidemic that had just previously began to show itself throughout the community. The disease was restricted to no particular age or sex, though nearly three-fourths of all the cases that came under my observation occurred in persons in the early period of adult life, and who had been residents of this city *less* than one year. In regard to its Pathology, I think the early disturbance of the latter period of digestion; the sense of fulness with dull pain a little to the right and below the epegistrium, with more or less tenderness in the same region; the moderate febrile action, with clay colored fœces, and occasional nausea or vomiting; all indicate the existence of a low grade of inflammatory action located essentially in the trunk and ramifications of the biliary duets, and often extending to the mucous membrane of the Duodenum. This by obstructing the flow of bile into the intestine causes it to engorge the structure of the liver and return into the mass of the circulation, and thereby communicating a jaundiced hue to all the structures of the body.

How far the unusual warmth and extreme humidity of the atmosphere during the period when the foregoing disease made its appearance, acted as a predisposing or exciting cause, each member of the society must judge for himself.—That such a state of the atmosphere greatly lessens the excretion of the carbonic acid and aqueous vapor from the lungs and skin there can be no doubt. And as the liver is the next most important organ for eliminating carbonaceous matter, we can readily perceive that its secreting structure might be over excited, while at the same time the bile produced might be rendered morbid or more irritant than usual, inducing irritation and inflammation in the gall-ducts and duodenum; while the establishment of the latter would directly obstruct the further flow, and thereby rapidly induce the jaundice with all the subsequent phenomena. But I must hasten this report to a con-

clusion. During the same warm and wet month of December, two cases of well marked cholera were admitted into the Mercy Hospital, in a state of collapse, and a third in the earlier period of the disease. The two first were females. In both reaction was fully established. But one after progressing very favorably two days, was suddenly attacked with phlegmonous erysipelas of the neck and throat, and died in 48 hours. She was attacked with cholera in an emigrant car on her way from New Jersey to this city. The other woman passed into a secondary typhoid fever, from which she recovered in little more than two weeks. The third case was a child 18 months old, belonging to the woman that died of erysipelas. The child recovered. During the month of December also several cases of diarrhœa, relapsing agues, and typhoid pneumonias were met with. The latter, however, became decidedly more frequent on the first occurrence of steady cold weather during the first half of January.

From the foregoing review, drawn of course from my own presonal circle of practice and observations, it will be seen that the year 1853 was characterized by the continuance of unusual immunity from all severe and fatal diseases in our city. In June, 1852, the population of the city was 38,733, and on the first of January, 1854, it was 60,600. The whole number of deaths during the year 1853 was reported to be 1,206.

If we suppose the average population of the city for the year 1853, to have been 55,000, the ratio of mortality was little less than 1 in 45½, which is a trifle less than that of Philadelphia, and very much less than that of Boston or New-York for the same year.

In conclusion, I would ask for the consideration of the society the following questions, viz:

1st. How far can we attribute the immunity from cholera and all other severe diseases during the warm season, to the unusual dryness of the atmosphere throughout the North-West during the months of June, July, and August?

2nd. The excessive heat of the middle of August was marked by great fatality in New-York and other eastern cities, while here there was scarcely a perceptible increase though the temperature wa snearly the same. Was this owing to the greater accompanying humidity along the Atlantic coast, as shown by the observations detailed in the first part of this paper?

EDITORIAL.

Manual of Diseases of the Skin, from the French of M. M. CAZENAVE and SCHEDEL, with notes and additions, by THOS. H. BURGESS, M. D., etc. Second American edition, enlarged and corrected from the last French edition, with additional notes, by H. D. BULKLEY, M. D., etc. New York: Samuel S. & W. Wood, 1852.

THE researches of M. M. Cazenave and Schedel, have added much to our knowledge of this difficult branch of pathology. Following the excellent classification of Willan, as modified by Biett, they have described in a clear and graphic manner the various diseases incident to the skin. Our knowledge of the anatomical lesions in these diseases, has been so imperfect, and the difficulties to be overcome in acquiring that knowledge so numerous, that a natural classification based on the structures affected, and arranged with reference to the special pathology of these structures, is a thing almost impossible. The classification of Wilson is perhaps the most perfect attempt at such an attainment. His four general classes comprise

I. Diseases of the Derm.

II. Diseases of Sudoriparous glands.

III. Diseases of the Sebiparous glands.

IV. Diseases of the hairs and the hair follicles.

Each of these classes is divided into genera and species, the whole constituting a most beautiful arrangement for the pathologist, but of far less practical value than that adopted by our authors. In making a diagnosis of diseases of the skin, we must be guided by sight, and in order to discriminate between them we must seize upon those characters uniformly present in individuals of the class and absent in others; and which serve to define its species, while in most instances they also indicate its pathology.

The present edition contains not only the last opinions of the authors, but also the valuable notes of the translator and the American Editor.

In the article on *Scabies*, which has been entirely re-written by the authors in the last French edition, we find the following in reference to the insect producing the disease:

M. Albin Gras has studied the action of certain articles on it to ascertain what will destroy it the soonest. He found that it lived three hours in pure water; two hours in olive oil; one hour in a solution of sugar of lead; three quarters of an hour in lime water; twenty minutes in vinegar, alcohol, and an alkaline solution; twelve minutes in a solution of sulphuret of potassa; nine minutes in spirits of turpentine; from four to six minutes in a concentrated solution of hydriodate of potassa. It survived one hour in the vapor of sulphur under a watch glass. The solution of the hydriodate of potassa is therefore the most powerful agent which can be used externally with safety. M. Albin Gras has extracted them alive from a patient who had taken three sulphur baths, while he has frequently found them destroyed after a single friction with the ointment of Helmerich.

Scabies is never caused by inoculation with the fluid from the vesicles, nor by that from any other of the eruptions produced by the insect, but only by the insect itself.

The acarus scabiei is a small, round, greyish body, sometimes in motion, and at other times at rest. With good sight, and especially with a magnifying glass, the head and fore legs of the insect can be easily distinguished. Under the microscope, it presents an oval body, the back somewhat convex, on which are marked numerous fine curved lines, parallel with each other, and of unequal length in the different groups. Under the abdomen are eight legs, four of which are in front, and have at their extremities a sucker of trumpet shape, with hairs at their base. The four hind claws are without suckers, and terminate with a hair of greater or less length. The head is covered with fine hairs, and has a trumpet-shaped protuberance, shorter then those on the fore legs, with a hair longer than itself on each side of it.*

It is believed by our authors that the acarus is the sole cause of itch, that it can be communicated from a dead subject so long as the insect is alive.

With a view of destroying the parasite common salt, corrosive sublimate, arsenic, salts of copper, iron and zinc, a decoction of the leaves of tobacco, hyosciamus or hellebore, have been recommended.

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*For a scientific and much more minute description of the acarus scabiei, see *Wilson on Diseases of the Skin*, second edition, 1847. H. D. B.

Our readers will remember that a previous volume of this journal contains a short notice of Dr. Hardy's treatment, by which the time required for a cure has been reduced to two hours.

The original essay of Dr. Burgess on Glanders & Farcy is retained, although the authors themselves in the last French editior. have introduced a chapter on that subject.

A case of this disease was reported in the *N. York Journal of Medicine and the Collateral Sciences* for Sept. 1853, in the person of the late Dr. Stoutenburgh of L. .I

The premonitory symptoms were those of a cold, headache, loss of strength ,pain in the joints, &c. During the progress of the disease there was observed a thick yellow coat on the tongue, pain in chest, a sense of stricture, bowels constipated, increased temperature of the surface, pulse 90, moderately full, respiration hurried, restlessness, prostration of the vital powers with a typhoid tendency, urine scanty and of a blood color ; near the termination of the disease there appeared on different parts of the body and imbedded in the cellular tissue, indurated patches, elevated above the surface and rapidly tending to ulceration. Finally, with an aggravation of all the preceding symptoms, spasmodic action of the glottis, great difficulty of respiration and delirium. There was evidently previous to death a great tendency to organic dissolution.

In this case the disease manifested its specific characters only a short time previous to death in the form of Farcy buds, as they are called.

In acute glanders uncomplicated with Farcy, in addition to the promonitory symptoms already described, Dr. Burgess has enumerated the following :

The patient complains of great heat about the nose and windpipe, accompanied with a copious viscid discharge, and with pain in the head, back, and limbs, and constriction about the chest. After a certain period, the nose and surrounding parts become swollen, hot, excoriated, and of a bright red or livid color : one or both eyes are inflamed, or completely closed ; a profuse tenacious mucus, at first of a deep yellow, but afterwards of a bloody or dark sanious appearance, exudes from the nostrils, and occasionally from the eyes ; hard, round, phy-

cious pustules appear on different parts of the body; the temperature of the skin is increased; the pulse is rapid, soft, and weak or undulating; respiration quick, weak and shallow. The tongue dry, rough, and reddish brown; the body is bathed in copious and offensive perspiration, the thirst unquenchable, the stools are slimy, and horribly fœted, the voice is weak, and the mind wandering. In the course of a few days these symptoms become still more aggravated; diffused abscesses appear in various parts of the body, especially about the joints. The fever assumes a more malignant character; the disease extends to the air-passages and lungs; fresh abscesses form and suppurate; the nose and surrounding parts become gangrenous; the perspiration is more profuse and sour; finally, a state of general collapse ensues, and death is ushered in by a low muttering delirium; the fœtor from the discharges, and from the whole body, towards the close of the disease, is insupportable.

The prognosis is always unfavorable.

We are not acquainted with any method of treatment that promises success, but we certainly should not prescribe for a patient laboring under the symptoms present in the case of Dr. Stoutenburgh under the care of Dr. Strew, calomel and antimony.

Since writing the above we have read with interest a notice of two cases of glanders cured by the administration of sesquicarbonate of ammonia in large doses, frequently repeated and conjoined with wine and tonics.

The cases were originally published in the *London Journal of Medicine* and are embodied in the report on practical Medicine contained in the last No. of Ranking's abstract.

The work is a valuable one and can not well be dispensed with by those who would make themselves familiar with the diagnosis, pathology and treatment of cutaneous affections.

For sale by A. H. & C. Burley. J.

Ellis's Medical Formulary. By R. P. Thomas, M. D. Blanchard & Lea, 1854.

"The elegant and judicious formation of prescriptions is one of the difficulties which the young practitioner in medicine is obliged to encounter." "To obviate in some measure, the inconvenience which the graduate at first experiences, the volume now offered to

the public was undertaken and executed."—(From the author's preface.)

We invite the attention of the stripling in medicine to the following learned and erudite formula—page 96—Expectorants:

Syrup of Squills.

℞ Syrupi Scillæ f℥j.

Signa—Take a teaspoonful every three hours.

Syrup of Garlic.

℞ Syrupi Allii f℥j.

Signa—Give a teaspoonful to a child every three hours.

"This, like the syrup squills, is an excellent expectorant, being somewhat stimulant in its character." We advise those of our readers, if any such there be, who have not the knowledge and judgment to adapt their prescriptions to the condition of their patients to purchase the book; they will find it an indispensable volume; the scientific nature of their formulas giving them character with their druggists and patrons, with a *powerful* saving of brain labor.

For sale by Keen, Bro's & Co. J.

Carpenter on Alcoholic Liquors.

This excellent essay of Dr. Carpenter has been published by Messrs. Blanchard & Lea, Philadelphia, in a convenient form for mailing. Those interested in the subject of temperance, will find it replete with physiological facts, expressed in language easily understood by all.

To societies and others, desirous of distributing the work, the publishers propose to furnish it at reduced prices.

For sale by Cooke & Co. J.

Fibro-Bronchitis and Rheumatic Pneumonia. By Thomas H. Bucklor, M. D. etc. Philadelphia: Blanchard & Lea.

The author describes a fibrous or rheumatic inflammation of the bronchial tubes separate and distinct from inflammation of the mucous membrane.

The first part of the essay consists in an enunciation of the authors position together with the authorities, especially the French, the quotations from which would have been more acceptable to most readers, had they been translated. The second part consists in reports and analyses of cases, together with the treatment.

The author has evidently studied the subject carefully and thoroughly, and his book will be read with interest.

For sale by Cooke and Co. J.

Bennet on the Uterus. Philadelphia: Blanchard & Lea.

THIS work has been in the hands of the profession since 1845, and both in England and this country has given rise to a lively discussion.

We are not among those who advocate an indiscriminate use of the speculum, in many, in most instances we believe that a diagnosis may be made without subjecting the patient to such a sacrifice, and yet we think that in the hands of a judicious and intelligent physician the instrument may sometimes be of great value. Like everything else, however, it must be made a hobby and rode to death before its real value will be determined.

Dr. Bennet's work is elaborate and contains perhaps the most clear and definite descriptions of uterine disease with which we are acquainted.

For sale by Keen & Bro's. J.

Fowne's Chemistry for Students, edited by Robt. Bridges, M. D. etc Philadelphia: Blanchard & Lea, 1853.

THIS work has been adopted as a text book by the Professor of Chemistry in Rush Med. College, which perhaps is a sufficient recommendation. The London edition was brought out under the supervision of H. Bence Jones, whose name is a guaranty for its accuracy.

We unhesitatingly recommend it to medical students.

For sale by Keen & Bro's. J.

TOULON, January 11th, 1854.

To the Editors of the N. W. Medical and Surgical Journal.

GENTLEMEN: I place the following matter before you, and shall be glad to see it inserted in your Journal with your opinion, and the opinion of your city society, at the latest in your Feb. No.

Truly yours,

THOS. HALL,

Sec. of the Stark County Med. Society.

Dr. A. is in attendance on Mrs. B., and on a certain day gives an unfavorable and fatal *prognosis*, with the remark that he has done all that he can do in the case—or something tantamount to it. The friends wish a Dr. C. to see her, and ask Dr. A. if he has any objection to it. Dr. A. consents to to it and immediately writes to Dr. C. an open letter for the friends to forward, in which he states that "the woman has had vaginitis, hysteritis, peritaritis, making a case of fearful and fatal import," and concluding with a request to Dr. C. to meet him (Dr. A.) at 12 o'clock the next day. The messenger that brought the letter of Dr. A. to Dr. C., brought an urgent request to Dr. C. from the husband of the patient and her father, that he should come down immediately, for in their opinion twenty-four hours was too long a time to delay a consultation in the case, it being extremely doubtful if the patient could survive that long. Dr. C. went down and prescribed for the case, and met Dr. A. at the appointed hour the next day. The Drs. were living about 9 miles each from the patient, and 6½ miles from each other—the call coming to Dr. C. at sunset or a little later.

The opinion of you and the profession, as far as it can be obtained, is requested on the following points:

Had the patient any right to send for a physician besides the one in attendance? Admitting the right, was Dr. C. in a different position to any other physician by a letter having been written to him by the attending physician? The friends being aware of the contents of the letter, did not their request for Dr. C's immediate attendance, and for him to disregard the letter all together, at once make the letter a nullity and virtually transfer the case from Dr. A. to Dr. C. Had Dr. C. a right to see the case, and seeing it, had he any right to prescribe?

[It is our opinion that Dr. C. should not have consented to see the patient before the hour appointed for the consultation, without giving or sending notice of his intentions to Dr. A., that the case was not "virtually transferred" from Dr. A. to Dr. C., and that Dr. C. had not the right to prescribe, excepting in case of great emergency.]—EDITORS.

Translated from the Gazette des Hopitaux.

On the employment of Urate of Ammonia in Intermittent fevers and European Cholera Morbus. By Dr. BAUR, of Tabinzen.

TO THE EDITOR OF THE GAZETTE DES HOPITAUX.

My Dear Confrere: I have received from Dr. Baur, of Tabinzen, Wurtemberg, a letter, which, on account of its real interest, I shall be pleased to see inserted in your following number. I have translated it literally from the German.

Accept etc., etc.

——— SICHEL, D. M. P.

"During the last eight years I have been making observations on the medical properties of *Urate of Ammonia;* these experiments have resulted in the discovery of two positive facts, which are not without their practical value.

In the first place I have found, that the urate of ammonia is an extremely active remedy in intermittent affections, such as intermittent fevers and periodical neuroses. After having assured myself of its effects in many cases, I have during the last summer been induced, by the advice of a physician of the Bavarian Army, to make still further experiments with this remedy in intermittent fever. In a majority of cases it had a happy effect, although at the time of these trials the intensity of the fevers was very much augmented. Ordinarily the urate was administered every two hours in doses of from 10 to 15 centigrammes in the form of a powder with sugar. A second valuable property of this substance is that which I have often proved in European Cholera. In this affection I have employed it generally in the form of lavements in quantity of 25 centigrammes, with a little starch and a half pint of water. It is necessary that the patient continue it sometime and repeat according to circumstances. In European Cholera I have

not as yet found it necessary to repeat frequently, one or two applications having always thus far cut short the disease. Instead of the lavement we may use an ointment composed of from two to four grammes of urate of ammonia to thirty grammes of simple cerate. A spoonful of coffee may be rubbed each hour upon the integuments covering the abdomen. It is truly remarkable how rapidly this medicine acts when applied as a wash. It procures immediate ease from the patient, arrests the choleric evacuations, restores the stools to their normal character, renders the skin moist, establishes the pulse, and causes a cessation of the cramps. A similar effect I have seen from no other medicine.

Since, most physicians are more and more convinced that Asiatic cholera differs in no essential or specific character from European cholera, being distinguished mainly by its epidemic development, and its greater intensity, I have for a long time been desirous of experimenting with the urate of ammonia in the more severe form of the disease, but since becoming acquainted with the virtues of this remedy, I have not seen a single case of epidemic cholera. Relying on your friendship, I must therefore request you to make some experiment yourself, or to make an appeal to the physicians of the hospitals, in order that this substance may be tested in actual epidemic cholera. The preparation of the salt is very easy; it is sufficient to place uric acid in contact with canstic ammonia and evaporate the product.

It will be well to select for the first trials cases of a mild type, afterwards those of more severity. It may probably be necessary to administer it in larger doses than those which I have used in European cholera." J.

Translated from the Gazette des Hopitaux.

Academy of Sciences—Dec. 5th, 1853—Experiments on the poison of the Rattlesnake—the effects of the poison and the means of neutralizing its absorption.

M. D. BRAINARD, Professor of Surgery in the Medical College, Chicago, Ill., communicated the following:

His experiments were made mostly on pigeons. The serpents be-

longed to the species known as the Crotalophrous trigeminus, a species of which the bite is considered less dangerous than that other Crotali, owing perhaps to their less size.

The author describes the symptoms which he has observed in animals bitten, and the results of the poison as seen in post-mortem examinations. Among the latter he notes the following:

1st. A change in the form of the red corpuscles of the blood, which in animals dead from the bite, approach more nearly the spherical form.

2d. An abundance of white corpuscles, grouped together and forming mammillated masses.

3d. When death has not been rapid, a very evidently liquid condition of the blood contained in the cavities of the heart.

In the Mammalia he has also observed that in cases in which death has not followed rapidly, there is a tendency to hœmorrhage from the mucous surfaces, and sometimes an appearance on the skin of petechial spots.

Among the symptoms observed during life, one of the most apparent, and which in pigeons is very easily observed, is constriction of the glottis. Tracheotomy, so usefully resorted to in poisoning by strychnine, is naturally indicated. The result of this operation is to retard but not to prevent death. Cups applied over the wound act in the same manner; they are more efficacious, but still insufficient. Nevertheless, the application of cups, by retarding the absorption of the poison, gives time to infiltrate the wound, and the surrounding tissues, with medical substances. Those which M. Brainard has tried, are the Lactate of Iron, and the Iodide of Potassium, both in a state of aqueous solution. They are introduced into the tissues by means of a little syringe, ingeniously contrived for the purpose. By the use of these two substances, employed in proper time and with the necessary precautions, he has in a large number of cases saved the lives of animals which without this treatment must necessarily have died. M. Brainard believes that the Iodide of Potassium is more certain in its action than the Lactate of Iron.

The article was referred to a committee, consisting of Messrs. Dumeril, Magendie, Flourens and Pelouze.

In another number of the *Gazette des Hopitaux*, we find the

following: Society of Surgery, meeting of Dec. 6th, 1853, M. Denonvillieres President. M. Brainard, of the State of Illinois, candidate for the place of foreign corresponding member, read a memoir entitled "On the injection of Iodine into the tissues and cavities of the body for the cure of Spina Bifida, Chronic Hydrocephalus Œdema, Fibrinous Effusions, Œdematous Erysipelas, etc., etc."

Referred to a Committee composed of Messrs. Michon, Larrey and Monod. J.

Report of a Joint Committee of the Philadelphia County Medical Society and the Philadelphia College of Pharmacy, relative to Physicians' Prescriptions.

[*Published by order of the Board of Trustees of the Philadelphia Coll. of Pharm.*]

The joint Committees of the Philadelphia County Medical Society, and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of Physicians by Apothecaries, beg leave to report that they have given to the subject all the attention that its importance demands, and present the following hints as the results of their joint deliberations. They have taken the liberty of adding, also, a few general hints on the relations that should exist between physicians and pharmaceutists.

A. *In Respect to Physicians.*

1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmaceutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on Materia Medica, Pharmacy and the Practice of Medicine, of English origin, that are reprinted in

this country, notwithstanding they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions. To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal, nor in common use, state on his prescription, either in a note at the bottom, or within parenthesis, following the article, the authority or work from whence it is derived, as "Griffith's Formulary,"—"Ellis' Formulary,"—"Braithwaite's Retrospect," etc.

4. Physicians would lesson the risk of errors in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints.

1st. Write the name of the patient at the top of the prescription, unless a good reason prevents this being done, in which case, it should be expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T—, so as to convey to the apothecary some idea of the age of the patient.

2d. The date and name of the physician or his initials, should always be appended, and, whenever practical, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, etc., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed within a parenthesis; thus:—R Morphiæ Sulphatis grs. vj. (six grains.) Div. in chart. vj.

4th. When an active substance is to be used externally, it should be so stated on the prescription; thus, "For external application" "To be applied to the part as directed," etc.

5th. The quantities of each article should be placed in a line with the name, and not below it, and in using the Roman numerals, the *i*'s should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in *latin*, and especially in abbreviated latin, is uncalled for, and attended with some risk; it is far safer to write them in English, and without abbreviation or the use of figures, unless these are well and distinctly formed.

B. *In Respect to the Apothecary.*

1st. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid

committing the latter, by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language, the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it to be done in a case where he has doubts in regard to the prescription, and wishes to satisfy himself, and where he should act with great discreetness.

5th. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore the confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information, when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and, also, the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must almost inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental pre-occupation, and give his attention fully to his task. He should acquire the habit of *always*

examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also, a useful precaution to have bottles containing mineral or vegetable poisons, distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pain should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulæ recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label, and number correctly, all medicine dispensed by him on the prescription of a physician; he should, also, invariably, transcribe on the label, in a plain legible hand writing, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation, to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases, excepting in those emergencies, which occasionally occur, demanding immediate action, or, in those every day unimportant cases where to refuse council would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a considerable item in the business of some apothecaries. Many of the people are favorably impressed towards that class of medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers would create. At present all that the best disposed apothecary can be expected to do, is to refrain from the manufacture

himself of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show bills, announcing them for sale, in his shop or windows; and to discourage their use, when appealed to.

15th. Having in view the welfare of the community and the advancement of pharmaceutic science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct, in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores, on the part of physicians, should, therefore, be discountenanced. With respect to the pecuniary understanding said to exist, in some instances, between apothecaries and physicians, we hold, that no well disposed apothecary or physician would be a party to such contract, and consider the code of Ethics of the College of Pharmacy and the Constitution of the Philadelphia County Medical Society as sufficiently explicit on this subject.

16th. In reference to the patronage on the part of Physicians of particular apothecaries, we are of opinion, as a general rule, that Graduates in Pharmacy should be encouraged in preference to others of the same date of business, and whilst admitting the abstract right of the physician to send his prescription where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of the patient.

D. Francis Condie,
Wm. Maybury,
G. Emerson.
Committee of County Medical Society.

William Procter, Jr.,
H. C. Blair,
John H. Ecky.
Committee of Philadel. College of Pharmacy.

We publish the above from the *American Journal of Pharmacy*, because we think it defines clearly and in the main correctly the duties of apothecaries and physicians. In our cities and larger towns, the office of prescribing and dispensing, should as far as possible be kept separate. This arrangement, allowing as it does, the physician to select from the materia medica irrespective of what he may happen to have in his medicine case, those agents best adapted to meet the therapeutical indications, and securing in the preparation and dispensing of those agents that care, which undivided attention and constant experience brings, promises for the patient a greater degree of safety, and for the practitioner a more satisfactory success than could be obtained by any other course.

We think it can rarely become necessary for the apothecary to tell the messenger that an interview with the physician must be had before the prescription can be confounded. (B. art. 3.) We cannot admit that the apothecary should ever make inquiries relative to the nature of the disease, even though he has doubts in regard to the prescription. (B. art. 4.) In such cases the physician only should be consulted. When an apothecary is asked the nature of the ingredients of a prescription, he should *always* in our opinion refer the patient to the physician. (B. art. 5.) With these reservations, and they are trifling in their character, we give our unqualified assent to to the rules laid down for the government of these two branches of the profession. They are at least applicable to Chicago. J

Obituary—Died of typhoid fever at New California, Grant County, Wis., Josiah Stanly, M. D., on the 26th of Jan., 1854.

Dr. S. was a graduate of Rush Med. College, a young man of more than ordinary talent, and his prospects for future usefulness were to say the least flattering. His untimely death will be regretted by all who know him. He located in the above place after graduating last spring, where we learn he leaves a wife and two children with many friends to regret his early death.

J. F. H.

Vaccine Virus.

PHYSICIANS and others wishing to obtain a genuine article of Vaccine Virus, can do so, by remitting $1,00 by mail or otherwise to E. L. O'Hara, Druggist, No. 24 West Randolph St., Chicago.